

# Home Health & Hospice Newsletter

March 2005



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Department of Health

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## Judith A. Monroe, M.D. State Health Commissioner



Judith A. Monroe, M.D. was appointed by Governor Mitch Daniels as the new Indiana State Health Commissioner on March 7, 2005.

Prior to her appointment, Dr. Monroe was the director of the Primary Care Center and Family Medicine Residency Program at St. Vincent Hospitals and Health Services, Inc. in Indianapolis.

Her professional experience also includes serving as the director of clinics with the Indiana University School of Medicine Department of Family Medicine from 1990 to 1992.

Dr. Monroe also spent four years (1986 to 1990) with the National Health Service Corps, Morgan County Regional Health Center in Morgan County Tennessee; and three years (1976 to 1979) at the Walter Reed Army Medical Center in Washington, D.C.

She received her bachelor's degree from Eastern Kentucky University in 1975, and her M.D. from the University of Maryland in 1983. She also completed a family medicine residency at the University of Cincinnati in 1986, a fellowship in rural faculty development at East Tennessee State University in 1990, and a mini-fellowship in obstetrics at the University of Wisconsin in 1993.

Dr. Monroe's accomplishments include serving as a successful rural, university and community hospital clinician, educator and executive. She is also an accomplished strategist, scholar, educator and business leader.

"Our most basic defense against disease is personal responsibility," said Dr. Monroe. "Every Hoosier has the opportunity to improve the quality of their life."

"We can have a healthier state tomorrow if every Hoosier commits to healthy choices today," Dr. Monroe said. "We could be ranked among the healthiest states in the nation if we all join together, support one another in this effort and take the first step."

Dr. Monroe is married to Robert Lubitz, M.D., has three children, and resides in Carmel, Indiana.

## Deputy State Health Commissioner

Sue Uhl, JD, joined the staff of the Indiana State Department of Health as Deputy Health Commissioner on February 14, 2005. .

Prior to joining the Indiana State Department of Health, Uhl was the assistant vice president and associate general counsel for Golden Rule Insurance Company in Indianapolis from 2001 to 2005. Her professional experience also includes 16 years with the Health and Hospital Corporation of Marion County in Indiana in various positions, including environmental health specialist and senior attorney.

Uhl received her bachelor's degree in natural resources and environmental sciences in 1979 from Purdue University. She earned a law degree from Indiana University, Indianapolis in 1987. Uhl resides in Lizton, Ind. with her husband Mark Harrison, and is a native of Louisville, Kentucky. As a child she moved to Indianapolis, and is a graduate of North Central High School.



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## Home Health Aide Reporting

On an annual basis, the ISDH requests that every home health agency and hospice identify the number of continuing education hours that every registered home health aide received in that calendar year. This year's request is enclosed.

This information can be reported via CD-ROM or on the Record of Continuing Education (State Form 49561). ISDH also requests that you notify us of the number of hours of employment of any CNA in calendar year 2003 via the CD-ROM or on the CNA Renewal form (State Form 49937). Please use the CD-ROM sent to your agency last year. This information should be returned to ISDH by **May 1, 2005**.

The ISDH Nurse Aide Registry is authorized by state and federal rules to maintain a registry of certified nurse aides, home health aides, and qualified medication aides. In January 2004, there were 79,355 nurse aides maintained on the registry. That total included 37,397 active certified nurse aides (CNA) and 7,154 active registered home health aides (RHHA). Since March 1, 2001, ISDH staff has processed 1,838 disks and issued 17,064 letters to individual registered home health aides.

## Annual Activity Reports

ISDH has enclosed its request for 2005 annual utilization reports, and reminds you of the **March 1, 2004 deadline for filing 2004 utilization**. After ISDH has received reports from each home health agency, staff will post statewide at <http://www.in.gov/isdh/regsvcs/acc/hhaserv/2003/index.htm>. The 2003 report reviewed the patient profile of 237 licensed home health agencies and the demographic characteristics of 110,023 clients. In 2003, the average client was female, over age 65 years, and treated for circulatory and musculoskeletal problems.

### Top 5 Federal Deficiencies Found On HOME HEALTH AGENCY SURVEYS 2/15/04 – 2/15/05

1. Acceptance of Patients
2. Periodic Review of Plan of Care
3. Plan of Care
4. Compliance with professional standards
5. Duties of Registered Nurse

### Top 5 Federal Deficiencies Found On HOSPICES SURVEYS 2/15/04 – 2/15/05

1. Required Services
2. Plan of Care
3. Required Services
4. Content of Plan
5. Compliance

## CLIA Renewal

Most licensed home health agencies and hospices maintain a certificate of waiver (COW) from the Centers for Medicare and Medicaid Services (CMS) to perform tests that have been categorized as waived for certification purposes under the Clinical Laboratory Improvement Amendment. Laboratories holding a COW must pay an applicable certificate fee of \$150.00 biennially. The renewal process is conducted by remitting the fees upon receipt of the fee coupon renewal notice. CMS sends the fee coupon renewal notice six months prior to the expiration date of the current certification. If the certification fee is remitted CMS reissues the COW for another two years and mails a new certificate to the laboratory during the month of the expiration date of the current COW. If the laboratory fails to remit payment by the expiration date of the current COW the file is coded as terminated in the data base for non-payment of fees and the laboratory may no longer legally perform laboratory testing. CMS will not reimburse a laboratory for any tests billed

## Insulin Sterility and Stability

Insulin manufacturers Eli Lilly and Novo Nordisk now recommend that opened insulin vials be used no longer than 28-30 days. The American Diabetic Association also recognizes that a loss of potency occurs in opened insulin vials after 30 days. Prior to this discussion, the manufacturers advised to discard insulin vials after 200 punctures. Based on an average of two punctures per day for most patients, that would translate to about 90 days.

## Regulations

CMS has issued three memorandum to State Survey Agency Directors that have been enclosed in this mailing. The first relates to Home Health Agency Drop Sites. The second clarifies the application of the Home Health Agency Condition of Participation to Patients Receiving Chore Services Exclusively. The third relates to Updated Agency Computer Specifications.

The Final Rule adopting HIPAA standards for the security of electronic health information was published in the Federal Register on February 20, 2003. This final rule requires the covered entity to have established a series of administrative, technical, and physical security procedures to assure the confidentiality of electronic protected health information by April 20, 2005. The final rules are posted at <http://www.cms.hhs.gov/hipaa/hipaa2/regulations/security/default.asp>



*"The Indiana State Department of Health serves to promote, protect, and provide for the public health of people in Indiana."*

Jobs in public service offer many rewards and challenges. If you are interested in a public service career, the Indiana State Department of Health (ISDH) offers a great work environment and the opportunity for personal growth.

The ISDH currently has employment opportunities for nurses, laboratory, and information technology staff as well as a variety of other dedicated professionals.

The ISDH offers a flexible work schedule, a 37.5 hour work week, excellent benefits, and generous paid leave. We rarely require overtime, weekends, or holiday work.

Find out what opportunities await you by checking <http://www.in.gov/isdh/about/hr> or <http://www.in.gov/jobs/stateemployment/jobbank.html>

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## Influenza

As of February 25, 2005, CDC statistics are indicating influenza cases have increased, and may have hit the peak for the season ([http://www.in.gov/isdh/healthinfo/influenza\\_index.htm](http://www.in.gov/isdh/healthinfo/influenza_index.htm)).

It is recommended that all health care providers educate their clients and families on appropriate referrals to emergency departments, and hand-washing and other prevention actions that could reduce further increases in the number of cases.

## OASIS Questions and Answers Comprehensive Assessments

Federal Conditions of Participation (COPs) require a comprehensive assessment at specified time points for all patients. OASIS was required as part of the comprehensive assessment for all skilled care patients over 18 years of age whose care was not related to maternity services. In November 2003, the OASIS requirement was eliminated for skilled care patients who had a payer source other than Medicare or Medicaid. However, this change did not alter the need for a comprehensive assessment for all patients, including those less than 18 years of age and those who receive maternity services, at the required time points. The COPs do not specify a particular comprehensive assessment so the agency must develop its own comprehensive assessment for each time point. All the regulations at 42 CFR, 484.55, Comprehensive Assessment, still apply to all patients.



The phrase "not less frequently than the last five days of every 60 days beginning with the start-of-care date" does not mean that the agency must wait until the 56th day to perform a recertification comprehensive assessment for non-Medicare/non-Medicaid patients. For non-Medicare, non-Medicaid patients, patients less than 18 years of age, and patients receiving maternity services, the recertification comprehensive assessment may be performed at any time up to and including the 60th day. For example, if a recertification assessment is done at day 45, day 46 becomes day 1 of the NEXT cert period. The recertification assessment for Medicaid patients must still be performed during the 5 day window (day 56-60) and collection at another time point will generate an error upon transmission.

## Correcting Errors in OASIS

**Question:** What if I made an error when I encoded my OASIS assessment?

The answer to this question depends on what kind of error was made. If the error was made in a key field, the agency needs to inactivate the assessment, correct, and transmit the new corrected assessment. Key fields include the MO questions 30, 32, 40, 64, 66, 69, 90, 100, and 906.

If the error was a non-key field, the assessment needs to be unlocked, corrected, and retransmitted.

If an assessment was submitted in error (it should never have been submitted), it must be inactivated. For example, if a discharge assessment was submitted by PT and the patient was still receiving skilled nursing services, the discharge needs to be inactivated.

If an assessment was submitted for a payer source of Medicare or Medicaid and it was later determined the patient was really a private pay patient, this assessment must be deleted from the data base. The data base now contains private medical information that should never have been stored there. In this case, the agency needs to request the assessment be deleted by writing a letter, supplying as much information about the assessment as possible, to IFMC, 6000 Westown Parkway, Suite 350 E, West Des Moines, Iowa, 50266-7771.

## OASIS Certification

Question: Can I be certified in OASIS?

OASIS certification is in full swing. Testing is currently going on in several states. The certification is provided by the OASIS Certificate and Competency Board. Visit their web page at [www.oasiscertification.org](http://www.oasiscertification.org).

## How to Answer MO 440

Question: There still seems to be much controversy about how to answer OASIS item MO 440. Some clinicians seem to be unable to grasp the meaning of “any skin alteration.” How should this question be answered?

Answer: The answer to MO 440, in 99% (or more) of cases, is “yes” (answer “1”). There are very few people who have no skin lesion of any kind. Lesion is a very broad term and includes almost everything, including scars, bruises, sores, skin tears, rashes, etc. The answer to this question is independent of the answer to MO 445 which refers only to pressure ulcers.

## Medicaid Pending Payer Source

Question: How do you handle a patient who is admitted as private pay (Medicaid pending) and then later receives Medicaid? How do you handle transmission to the state? Transmit it late or as Medicaid pending from the start? (MO 150)

Answer: The instructions for MO 150 tell you to exclude “pending” payment sources. At this time, OASIS assessments are required to be encoded and locked within seven days and transmitted by the end of the month following their collection. However, as a private pay patient, OASIS is not required. If you are providing skilled care during the time you are waiting for the approval of the Medicaid, it seems it would be prudent to collect the OASIS data anyway. Once the Medicaid approval is received, then you can encode, lock, and transmit the accurate assessment. (Yes, you will get a warning.) If you are not providing care, or only providing non-skilled care, during the time you are waiting for approval, then the OASIS needs to be done at the Start of Care.

## Home Health and Hospice Website Update

With introduction of the new Hospital Consumer guides, ISDH have created five state consumer guides and three federal studies in a new section titled Consumer Reports on the ISDH main page at <http://www.in.gov/isdh/index.htm> . In January 2005, 408 Indiana citizens found this section of the ISDH website, and viewed the Home Health Consumer Reports.

ISDH staff have update the Advanced Directive Document, *Right to Decide*, and posted it in English and Spanish at <http://www.in.gov/isdh/regsvcs/acc/advance/advanceddirectives.pdf> .

Added the CMS Interpretative Guidelines for home health agencies (Appendix b) and hospice (Appendix M) with the Laws, Rules, and Regulations for Acute Care Facilities. You can view these materials at <http://www.in.gov/isdh/regsvcs/acc/lawrules/index.htm>

Added the “*Out of Hospital Do Not Resuscitate Declaration*” Form to the ISDH Consumer page with a link to <http://www.in.gov/sema/ems/apps/ohdnrdec.pdf> . The authorizing law, IC 16-36-5, can be found at <http://www.in.gov/legislative/ic/code/title16/ar36/ch5.html>

## Guidelines

In response to the increasing importance and prevalence of palliative care in the treatment of patients with advanced chronic or life-threatening illnesses, leaders in the field have developed the first *Clinical Practice Guidelines for Quality Palliative Care*. The guidelines and 26-pages Executive Summary can be found at <http://www.nationalconsensusproject.org/>

## Guide to Medicare Preventative Services

CMS recently developed a Medicare Learning Network Website at <http://www.cms.hhs.gov/medlearn/preventiveservices.asp> . This site includes a series of articles and brochures for consumers. The site includes a ***Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals*** which reviews the coverage, coding, billing and reimbursement issues for 11 different Medicare Preventive Benefits. The benefits reviewed include diabetes self management, vaccinnations, and bone mass measurements that are eligible for reimbursement by home health agencies.

### Telephone Directory by Topic

#### Plans of Correction Survey Process

Lana Richmond 317.233.7742

#### Provider Changes, Licensure, Initial Application, & Closures

Darlene Earls 317.233.7302

#### OASIS Technical Help Desk

317.233.7203

#### Data Reporting & Aide Registry

Tom Reed 317.233.7541

### Home Health & Hospice Information on ISDH Web Site

- ◆ Directory (with quarterly updates)
- ◆ Laws, Rules, Regulations (USA & IN)
- ◆ Licensing Form
- ◆ Reports
- ◆ Links to QA organizations

[www.in.gov/isdh/regsvcs/providers.htm](http://www.in.gov/isdh/regsvcs/providers.htm)

### The Home Health & Hospice Newsletter

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Division of Acute Care  
2 North Meridian Street  
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46204-3006

#### Judith A. Monroe, MD

State Health Commissioner

#### Sue Uhl

Deputy State Health  
Commissioner

#### Terry Whitson, JD

Assistant Commissioner Health Care  
Regulatory Services

#### Mary Azbill, MT

Directory of Acute Care

#### Lana Richmond, RN<sup>BC</sup>

Program Director

#### Sherry Douglas

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